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STATISTICAL BULLETIN

Metropolitan Life Insurance Co.

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HOMICIDE AND THE LAW.

In the United States there have been occurring in recent years more than nine thousand homicides annually and this is seventeen times the number we would have if the rates of England and Wales prevailed here! If we limit comparison to white persons, our homicide record is about ten times that for England and Wales. The homicides committed in 1922 in Chicago alone (228) exceeded all in England and Wales (202) in that year. To get nearer home, our homicide toll per 100,000 of population is nearly six times that for Canada! Why this disparity in the murder records of the several countries? There have been numerous attempts to apologize for the extraordinary figures for the United States, but these explanations are highly speculative in character. The fact remains that in the United States each year many more thousands of lives are sacrificed to the homicidal impulse than one would expect from the records of other countries in at least the same advanced stage of civilization.

It has been hinted that inability to apprehend, indict and try assailants, and to make prompt and definite disposition of homicide cases were important factors in accounting for the situation in this country. The exact facts on police and judicial activity in homicide cases for a sufficiently large area of the country are unavailable. The Metropolitan Life Insurance Company is making an attempt, however, to secure data on the procedure which follows homicide cases among its policyholders. That this problem is of prime importance to the millions of policyholders of the Company is shown by the fact that in 1923 the Company paid on homicide claims alone the sum of $724,000. Wholly apart from questions of law, order and safety of the person, this element of American mortality is a source of serious loss to the policyholders of life insurance companies and from this

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standpoint detailed inquiry into origins and remedial action with respect to homicide is warranted.

The collection of facts on the disposition of homicide cases is beset with difficulties. That accounts for the fact that information of more or less satisfactory character could be gathered only for 146 out of 446 homicide cases which occurred among Metropolitan Industrial policyholders during the last six months of 1922. Regardless of the difficulty of securing data, the Company is proceeding with its inquiry for the first six months of 1923. It is hoped that Prosecuting Attorneys of the counties will endeavor to perfect record-keeping in these cases to a point where essential data can be more readily abstracted. This is only the beginning of what should be a comprehensive, nation-wide inquiry into a situation which detracts appreciably from the standing which this Nation should have in the eyes of the world. The investigation should, therefore, have the support of every right-thinking citizen interested in public morals and public safety.

The facts for the 146 homicides show that of these, 32 were so-called "justifiable homicides"; that is, death inflicted in self-defense (7) or by an officer of the law in the line of duty (25). Now what happened to the assailants in the other 114 cases? There was an indictment in 69 cases, or in 60.5 per cent. of the 114 unjustified homicides! The 45 unindicted cases (39.5 per cent. of the 114 murder and manslaughter cases), showed that in one-third the assailants were still at large, that in 22 cases the assailants committed suicide and in 8 the evidence was insufficient to warrant indictment.

What followed the 69 indictments? Eleven were "no trial" cases! In 58 trials, a verdict of "not guilty" was rendered in 16 cases, or 27.6 per cent. of the trials. One mis-trial resulted. Of the 41 judged to be "guilty," 35 are serving time, with appeal pending in 6 cases; three are being held either for a new trial or pending an appeal; one was paroled, one fined, and one executed! Summarizing: out of 146 homicides, including 114 manslaughter or murder cases, there were 35 penitentiary time servers, one parole, one fine and one execution! The rest are either unapprehended, have been set free, or are awaiting trial, etc., etc.

Enough of this information has been given to show the value and need for early revision of record plans in the offices of Prosecuting Attorneys, so that homicide cases can be studied. This is the first step toward a display of facts on one phase of the homicide problem. Before delayed police action and involved judicial procedure can be

charged with responsibility for part of the excessive prevalence of homicide in this country, the facts must be made available. The study of these facts is urged upon representatives of bench and bar and upon citizens' organizations interested in law and order.

Following an inquiry, such as we have indicated in this article, there should ensue also a statement of facts on the periods of time elapsing between the commission of homicide and the indictment and trial, the extent to which undesirable, sentimental newspaper publicity is given to judicial procedures, the "epidemic" aspects of homicide, its seasonal and comparative geographic and racial characteristics and other important particulars which cannot now be accurately stated, but which are the subject of all sorts of surmises and the basis of acrimonious disputes. The problem is of sufficient magnitude to justify an expenditure of energy, intelligence and funds in an amount adequate for complete description of every homicide that occurs in this country. Public interest and support should be aroused and sustained until the unfavorable record now obtaining is materially diminished.

UNFAVORABLE SMALLPOX OUTLOOK FOR 1924.

During the first six months of 1924, in 26 of the United States and in seven Canadian Provinces, the number of cases of smallpox nearly doubled the number recorded during the same period in 1923! What makes the matter worse is that this year's smallpox is nearly three times as deadly as the type of the disease which prevailed in 1923! The seven Canadian Provinces show an increase in smallpox cases from 714 in the first six months of 1923 to 1,837 during the corresponding period of 1924. Last year, these Canadian areas recorded one death between January and July; this year 51 deaths occurred.

We pointed out in our March BULLETIN that there was little comfort in the temporary abatement of smallpox during 1923, and that possibly this year we were to have a renewal of this threat against the safety of the American population. There are too many areas where populations are indifferent, indeed obstructive, to thoroughgoing vaccination. Does the current year's experience leave any room for doubt that unless a favorable country-wide sentiment for vaccination is developed, we may face a holocaust of virulent smallpox? Take Detroit, as an example. With a Health Department of the highest scientific and administrative equipment doing all that it could to encourage protection of an

indifferent citizenship, smallpox became epidemic in that city in the latter part of 1923. Up to June 30, 1924, 1,508 cases and 140 deaths had occurred. Fortunately, it was possible finally to arouse the population to the presence of the epidemic and through the efforts of the City Health Department and associated agencies, 500,000 vaccinations were made, in addition to the care and supervision given patients and their families. In Pittsburgh, a severe outbreak began about the middle of June, with 55 cases and 11 deaths reported up to July 19th. Vaccination measures were instituted and it is hoped to have 95 per cent. of the exposed population protected shortly. These are only two instances of many, where smallpox has invaded populations which thought they were safe and could, therefore, neglect the safeguarding of infants and children through vaccination. The menace of smallpox is not confined to definite geographic regions. It appears in all parts of the United States, wherever there is the tinder of an unvaccinated population and the flame of an infected individual. In the following table we show the facts at present available, for the first half of the current year and of the two preceding years:

Number of Cases and Deaths and Deaths per 100 Cases from Smallpox, Certain States and Canadian Provinces, First Six Months of 1924, 1923, 1922.

Area	1924			1923			1922		
	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases
United States... (26 States)	22,682	312	1.4	12,682	64	.5	13,001	84	.6
Canada..... (7 Provinces)	1,837	51	2.8	714	1	.1	1,278	2	.2
United States and Canada...	24,519	363	1.5	13,396	65	.5	14,279	86	.6

THE LIFE-SPAN OF INSURED WAGE-EARNERS IN 1923.

Among the industrial populations of the United States and Canada in 1923 the average after-lifespan, or expectation of life, was 54.55 years at birth. This was a gain of nearly eight years over the expecta-

tion shown for the two years 1911-1912 combined, but a loss of about one-half year from the figures computed for 1922 and 1921. It should be remembered, however, that the mortality experience for 1921 was the lowest and the expectation of life the highest ever recorded for this group of the American and Canadian populations. The rise in the deathrates for 1923 was slight and is being overcome by the favorable experience which has prevailed during the first seven months of 1924. We expect accordingly a substantial gain in the 1924 figures on the expectation of life for wage-working populations of the two countries.

For purposes of comparing the several color and sex groups among these insured wage-earners and their families we have prepared figures for the average life-span at age 10. For these groups no satisfactory data are available under that age.

White males at age ten showed an expectation of 50.98 years, a gain of 5.37 years since 1911-1912 and a loss of less than one year since 1922; white females had an expected after-lifespan of 53.88 years, the highest for any of the color and sex groups, a loss of only .58 years since 1922, but a gain of 3.22 years since 1911-1912. The colored male group, with an expectation of 45.63 years in 1923, showed a loss of 1.11 years since 1922, and a gain of 4.31 years over the years 1911-1912. Colored females recorded an expectation at age 10 of 45.48 years, a loss of .59 years over 1922, and a gain of 4.18 years over 1911-1912.

The losses in expectation of life during 1923 were due largely to the prevalence of epidemic influenza in the early part of the year. The year 1924, so far, has not shown any exceptional incidence of this disease and the benefit of this favorable experience will show in the life-table when it is compiled for the current year. Barring the outbreak of epidemic diseases such as influenza, which is at present not subject to broad-scale control measures, we may expect substantial improvement in the expectation of life of these wage-working people. The forces which promote general wellbeing, and the educational facilities which disseminate hygienic knowledge, are more firmly grounded than ever before. These fundamental influences will continue to affect favorably the mortality from tuberculosis and the diseases which respond readily to improvements in working and living conditions. Furthermore, public health agencies now have powerful facilities for reducing mortality from diphtheria through the administration of toxin-antitoxin and from scarlet fever through the means of control recently established by the labors of Drs.

DICK, DOCHEZ, BLAKE and ZINGHER. The treatment for pneumonia recently developed by Dr. FENTON gives promise also of a reduction in the mortality of this disease. Insulin has already shown its value in postponing death from diabetes. Altogether, there is promise, not only of lengthening the lifespan through the postponement of death, but of broadening it through the prevention or alleviation of suffering, disability and dependency.

MORTALITY RECORD OF THE FIRST SIX MONTHS OF 1924.

The first half of 1924 has probably registered a lower deathrate than was ever experienced for the first six months of any year in the history of the United States and Canada. This is indicated by the mortality records of the more than fifteen million Industrial policyholders of the Metropolitan Life Insurance Company, constituting approximately one-seventh of the combined populations of the two countries. There were virtually no untoward developments in the public health record for this period. Following a very promising beginning in January, each succeeding month has been entirely satisfactory from the standpoint of public health.

Among the most gratifying items in the record for the half-year are the declines in the mortality from the diseases which are of interest in public health and insurance medicine. The typhoid fever rate is still falling and there is promise that a new minimum will be registered in 1924. Diphtheria mortality in the Industrial population has been running lower than ever before. Scarlet fever and whooping cough, it is true, show practically the same deathrates as for the corresponding period of last year. But this really indicates improvement, as we might well expect increases in view of the much greater number of infant lives included in the Company's membership in 1924. There has been no general prevalence of epidemic influenza thus far. The mortality from lobar pneumonia decreased markedly among the white policyholders and slightly among the colored. Bronchial pneumonia, it is true, caused more deaths than during the same period of last year; but this, again, was due to the relatively high coverage of infants. It will be borne in mind that in the general population of the United States approximately 40 per cent. of the mortality from bronchial pneumonia occurs among babies. An increase in the rate for diarrheal diseases is explained on the same ground.

One of the most encouraging items in the table on page 8 is the further decline among white women in the mortality from diseases

incidental to pregnancy and childbirth and, more particularly, from puerperal septicemia. Unfortunately, this improvement did not obtain for colored women.

Attention has been directed in several recent issues of the BULLETIN to the decline in the diabetes rate which began coincident with the increasing use of insulin in 1923, and which followed an uninterrupted rise during the preceding four years. The rates for the first six months of 1924 supply still later data and even more convincing evidence of the extent of the fall in the diabetes death-rate, which amounts to 21.6 per cent. among the white policyholders and to more than 10 per cent. among the colored.

Little encouragement is to be derived from the cancer mortality figure. While a slight decline was recorded among the whites the deathrate increased to an equal extent among the colored. The combined rate, however, is a little lower than that in evidence at this time last year.

The number of deaths recorded from alcoholism was 236 with a deathrate of 3.0 per 100,000. This may be compared with 241 deaths during the first six months of last year and a rate of 3.3. It is still too early to determine whether the peak in the rise of the alcoholism deathrate, since 1920, has been reached. Unless, however, an unexpectedly large number of deaths are recorded during the final six months there will be no rise in the rate this year as compared with last.

Deaths from acute poisoning by wood and denatured alcohol appear to be decreasing in the Industrial population. Only eight were recorded during the first six months of this year as compared with twenty for the same period of 1923. Cirrhosis of the liver, which is closely associated with alcoholism, caused 475 deaths, as compared with 435 deaths during the first half of last year. The deathrates were identical, however, being 6.0 per 100,000 for each year.

Fatal accidents show a little more satisfactory record. There is, however, the same discouraging story in the figures for automobile fatalities. The rates have continued to increase—only slightly among the whites, but about 10 per cent. among the colored. The only encouragement to be derived from the figures is that there has been a little slackening in the rate of increase. Accidental drownings record the same figure as at this time last year among the whites, but show a considerable increase among the colored. There have been fewer suicides so far this year; and the homicide rate has

declined among the whites but increased slightly among the colored policyholders. The table follows:

Deathrates per 100,000 Persons Exposed, First Six Months of 1922, 1923† and 1924† Compared. By Color for Principal Causes of Death. Industrial Department, Metropolitan Life Insurance Company, Premium-Paying Business.

Cause of Death	Deathrates per 100,000 Persons Exposed					
	White			Colored		
	Jan.-June 1924	Jan.-June 1923	Jan.-June 1922	Jan.-June 1924	Jan.-June 1923	Jan.-June 1922
All Causes of Death	879.7	954.5	921.9	1556.2	1582.5	1482.6
Typhoid fever	2.5	3.2	3.2	5.4	6.0	6.3
Measles	13.0	14.4	6.4	8.2	13.0	2.0
Scarlet fever	6.6	6.5	7.0	1.0	1.3	.6
Whooping cough	7.4	7.1	2.7	13.1	9.9	3.5
Diphtheria and croup	16.2	18.1	19.8	4.8	6.4	8.0
Influenza	19.0	48.2	32.6	52.5	100.3	67.7
Meningococcus meningitis	.8	.7	.7	1.1	.7	.6
Tuberculosis—All forms	93.9	104.3	108.3	246.6	256.2	258.9
Tuberculosis of respiratory system	83.5	95.4	98.1	223.2	235.4	237.6
Tuberculosis of the meninges, etc	5.7	4.5	4.7	7.2	6.0	5.4
Other forms of tuberculosis	4.6	4.4	5.6	16.2	14.8	15.9
Cancer	68.7	72.3	74.4	73.4	69.7	69.9
Diabetes	15.6	19.9	*	15.4	17.2	*
Cerebral hemorrhage; apoplexy	57.5	63.3	65.7	103.0	102.5	100.7
Organic diseases of the heart	120.5	136.7	138.3	214.4	218.2	206.0
Total respiratory diseases	119.4	120.9	114.0	243.1	223.2	182.0
Bronchitis	6.1	7.2	7.1	11.3	11.2	12.3
Bronchopneumonia	47.9	39.3	35.7	76.8	56.4	44.2
Pneumonia—lobar and undefined	56.5	65.4	62.6	141.9	142.9	112.9
Other diseases of respiratory system	8.9	9.1	8.5	13.2	12.7	12.7
Diarrhea and enteritis	20.3	10.9	7.8	18.7	12.0	11.7
Under 2 years	17.1	7.4	3.6	12.7	5.3	3.0
2 years and over	3.3	3.5	4.2	6.0	6.6	8.7
Acute nephritis	4.8	5.4	5.6	16.8	15.3	18.1
Chronic nephritis	63.0	71.6	70.5	115.4	120.7	124.8
Total puerperal state	17.1	19.0	20.6	26.8	24.4	27.2
Puerperal septicemia	6.5	7.3	7.7	10.0	9.4	11.0
Puerperal albuminuria & convulsions	4.5	4.2	5.1	7.2	5.6	6.6
Other diseases of puerperal state	6.1	7.5	7.9	9.7	9.5	9.5
Total external causes	64.7	67.7	63.6	100.8	101.2	88.9
Suicides	7.3	8.4	8.3	4.8	5.0	5.0
Homicides	2.6	3.2	3.5	31.5	30.0	24.6
Accidental and unspecified violence	54.8	56.1	51.7	64.5	66.3	59.3
Accidental drowning	4.8	4.8	5.4	4.4	2.7	6.9
Automobile accidents	12.6	12.2	11.1	11.7	10.7	6.1
All other and ill-defined causes of death	168.6	164.3	180.4	295.9	284.1	305.6

*Not available.

†Deathrates for 1923 and 1924 include exposures on infants insured under 1 year of age.

HEALTH RECORD FOR JULY, 1924.

The July deathrate of the Industrial policyholders (8.4 per 1,000) was identical with that for the same month of 1923. In these two years, the deathrate for July was the lowest ever recorded in this important cross-section of the American and Canadian populations. There was this July the usual seasonal decline in the mortality, as compared with June.

Practically all of the principal causes of death registered lower deathrates than for June. The exceptions were whooping cough, diarrheal diseases, homicide, accidents and automobile accidents. With the exception of homicide, seasonal rises in mortality are expected, at this time, for the above causes.

An unusually high homicide rate (9.1 per 100,000) was registered in July. With the single exception of October, 1923, this is the maximum monthly deathrate for this cause among the Company's Industrial policyholders since it began to keep monthly records of its mortality, in January, 1920. Automobile fatalities show a considerable increase, as compared with June, and a rise of more than 19 per cent. over July of last year. All fatal accidents, considered as a group, increased more than one-third over the June figure and also registered a considerable rise over that for July, 1923.

The most notable favorable items in the July mortality report are the continued low rates for the epidemic diseases of childhood, for tuberculosis and the "degenerative diseases." The typhoid mortality, despite its slight seasonal increase over June, shows a decline of more than one-third, as compared with July, 1923.

The general deathrate for the large cities of the United States during July was 10.9 per 1,000, which is slightly lower than the June figure but a little higher than that for July of last year. The general health situation throughout the country is very satisfactory. Comparisons with conditions in June show reduced prevalence of diphtheria, influenza, measles, smallpox and of scarlet fever; increases are reported in cases of malaria, typhoid, and whooping cough, which, in each instance, may be regarded as seasonal. As compared with July, 1923, there was more malaria, scarlet fever, smallpox and typhoid fever but less measles and diphtheria.

Reported smallpox cases were fewer than in June, although there were small increases in Minnesota and Oregon. There was a severe outbreak of the disease in Pittsburgh, beginning about the middle of June; 55 cases and 11 deaths had been reported by July 19th. Free vaccination clinics have been conducted and a vigorous

campaign is planned with the hope that at least 95 per cent. of the million persons in the district will be vaccinated. While the epidemic in Ohio is not yet over, no new foci have been reported recently and the number of cases appears to be decreasing. The Defiance (Ohio) Health Board and the School Board voted to have all school children vaccinated before fall and several Ohio towns are considering similar action. It is estimated that in Toledo 65,000 persons have been vaccinated. On August 5th hemorrhagic smallpox caused its twenty-fifth death in Toledo and Lucas County since May 1st. More or less severe prevalence of smallpox has occurred in Cleveland, Ohio; Trenton and Hopewell, N. J.; London, Ontario, and among the Indians in the Thunder Bay district of that province. On page 3 will be found some interesting facts on the case prevalence and fatality rate of smallpox during the first six months of 1924.

Poliomyelitis was reported from 16 states and the number of cases showed an increase over June.

Anthrax cases have been reported in considerable numbers in the South Central states. Many human beings have been affected as well as large numbers of cattle. Emergency aid has been received from the Secretary of Agriculture. Up to July 29th at least 20 persons had become victims of the disease.

The table on page 11 shows the mortality among Industrial policyholders for July, 1924; June, 1924; July, 1923 and for the year 1923.

METROPOLITAN LIFE INSURANCE COMPANY.

Deathrates† per 100,000 for Principal Causes, Premium-paying Business in Industrial Department. (Annual Basis.)

MONTHS OF JUNE AND JULY, 1924, AND OF JULY, 1923.

CAUSES OF DEATH	RATE PER 100,000 LIVES EXPOSED†			
	July, 1924	June, 1924	July, 1923	Year 1923*
TOTAL—ALL CAUSES	836.3	903.6	837.2	923.9
Typhoid fever	4.2	4.0	6.6	5.1
Measles	3.6	7.8	9.7	9.4
Scarlet fever	3.4	5.0	2.3	4.4
Whooping cough	8.3	7.2	10.0	7.4
Diphtheria	7.6	9.1	7.9	15.5
Influenza	5.0	11.3	4.5	30.2
Tuberculosis (all forms)	99.8	112.0	107.8	109.6
Tuberculosis of resp'y system	87.8	100.1	95.8	99.2
Cancer	70.6	73.9	68.1	71.5
Diabetes mellitus	12.2	13.7	11.5	15.9
Cerebral hemorrhage	52.8	56.7	50.3	61.0
Organic diseases of heart	109.0	128.0	111.8	126.7
Pneumonia (all forms)	46.4	81.8	38.9	83.5
Other respiratory diseases	11.5	13.7	10.7	13.9
Diarrhea and enteritis	34.9	23.6	38.8	28.1
Bright's disease (chronic nephritis)	59 9	63.9	58.9	68.5
Puerperal state	15.0	14.8	17.4	17.6
Suicides	5.8	7.6	7.0	7.3
Homicides	9.1	5.5	6.8	7.2
Other external causes (excluding suicides and homicides)	82.4	61.4	77.5	62.7
Traumatism by automobile	17.9	16.2	15.0	15.2
All other causes	194.7	202.7	190.7	178.6

* Based on provisional estimate of lives exposed to risk in 1923.
† All figures include infants insured under one year of age.

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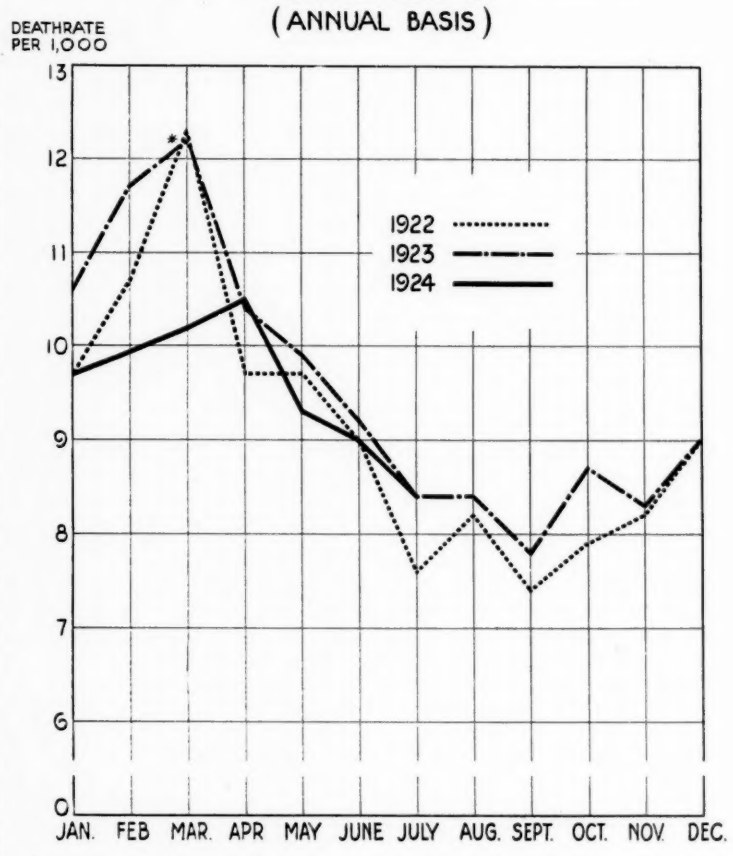
DEATHRATE PER 1,000
in SPECIFIED MONTHS *of*
1922, 1923, 1924

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT
(ANNUAL BASIS)



	1922	1923	1924		1922	1923	1924
JAN	9.7	10.6	9.7	JULY	7.6	8.4	8.4
FEB	10.7	11.7	9.9	AUG.	8.2	8.4	
MAR	12.3	12.2	10.2	SEPT.	7.4	7.8	
APR	9.7	10.4	10.5	OCT.	7.9	8.7	
MAY	9.7	9.9	9.3	NOV.	8.2	8.3	
JUNE	9.0	9.2	9.0	DEC.	9.0	9.0	

* Beginning with March, 1923, figures include mortality of infants under one year of age.

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